

**JUDGE DARRAH
MAGISTRATE JUDGE SCHENKIER**

Group Exhibit "G"



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

October 16, 2007

LAW OFFICE OF THOMAS POPOVICH AND JOHN KORNAK
3416 W ELM ST
MCHENRY, IL 60050

Dear Sir or Madam:

Copies of Summons(es), Complaint(s) at Law, and Affidavit(s) of Compliance with proper fee(s) have been received on the following:

TAMMY A ROBERTS V CALUM MACDONALD, #07 L 10348, Fee \$5.00

Filing and Service have been accepted on 10/16/2007 in compliance with the provisions of 625 ILCS 5/10-301 or provisions of 735 ILCS 5/2-203.1 as applicable.

Sincerely,

Jesse White

Jesse White
Secretary of State

ALL INQUIRIES CALL:

(217) 785-3094
Office of the General Counsel
Room 298, Howlett Building
Springfield, Illinois 62756

JW:sf
Enclosure



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

October 16, 2007

LAW OFF OF THOMAS POPOVICH AND JOHN KORNAK
3416 W ELM ST
MCHENRY, IL 60050

Dear Sir or Madam:

Copies of Summons(es), Complaint(s) at Law, and Affidavit(s) of Compliance with proper fee(s) have been received on the following:

**TAMMY A ROBERTS V WESTERN EXPRESS INC, #07 L 10348, Fee
\$5.00**

Filing and Service have been accepted on 10/16/2007 in compliance with the provisions of 625 ILCS 5/10-301 or provisions of 735 ILCS 5/2-203.1 as applicable.

Sincerely,

Jesse White

Jesse White
Secretary of State

ALL INQUIRIES CALL:

(217) 785-3094
Office of the General Counsel
Room 298, Howlett Building
Springfield, Illinois 62756

JW:sf

Enclosure

2120 - Served
 2220 - Not Served
 2320 - Served By Mail
 2420 - Served By Publication
SUMMONS

2121 - Served
 2221 - Not Served
 2321 - Served By Mail
 2421 - Served By Publication
ALIAS - SUMMONS

CCG N001-10M-1-07-05 ()

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, LAW DIVISION

(Name all parties)

TAMMY A. ROBERTS

CALUM MACDONALD, Individually and as agent of
 WESTERN EXPRESS INC., a foreign corporation, and
 WESTERN EXPRESS, INC., a foreign corporation

SUMMONS

11/02/07 08348
 11/02/07 08348 / ROOM F
 TIME 08500
 RT 00000 Vehicle

No. _____

Please Serve:
 W. Wise, President or any Officer
 Western Express Inc.
 7135 Centennial Pl.
 Nashville, TN 37209

To each Defendant:

YOU ARE SUMMONED and required to file an answer to the complaint in this case, a copy of which is hereto attached, or otherwise file your appearance, and pay the required fee, in the Office of the Clerk of this Court at the following location:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Richard J. Daley Center, 50 W. Washington, Room _____, Chicago, Illinois 60602 | <input type="checkbox"/> District 3 - Rolling Meadows 2121 Euclid Rolling Meadows, IL 60008 | <input type="checkbox"/> District 4 - Maywood 1500 Maybrook Ave. Maywood, IL 60153 |
| <input type="checkbox"/> District 2 - Skokie 5600 Old Orchard Rd. Skokie, IL 60077 | <input type="checkbox"/> District 5 - Bridgeview 10220 S. 76th Ave. Bridgeview, IL 60455 | <input type="checkbox"/> Child Support 28 North Clark St., Room 200 Chicago, Illinois 60602 |
| <input type="checkbox"/> District 6 - Markham 16501 S. Kedzie Pkwy. Markham, IL 60426 | | |

You must file within 30 days after service of this Summons, not counting the day of service.

IF YOU FAIL TO DO SO, A JUDGMENT BY DEFAULT MAY BE ENTERED AGAINST YOU FOR THE RELIEF REQUESTED IN THE COMPLAINT.

To the officer:

This Summons must be returned by the officer or other person to whom it was given for service, with endorsement of service and fees, if any, immediately after service. If service cannot be made, this Summons shall be returned so endorsed. This Summons may not be served later than 30 days after its date.

Atty. No.: 30037Name: Law Office of Thomas J. Popovich/ John A. KornakAtty. for: PlaintiffAddress: 3416 W. Elm St.City/State/Zip: McHenry, IL 60050Telephone: 815/344-3797

Service by Facsimile Transmission will be accepted at: _____

WITNESS, _____

DOROTHY BROWN, CLERK OCT 16 2007**SECRETARY OF STATE**

Clerk of Court

OCT 16 2007

Date of service: _____

(To be inserted by officer on copy left with defendant

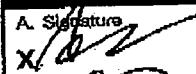
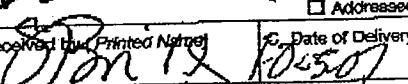
or other person)

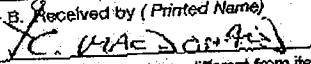
AMT \$ 6.00 (S)

815 344-5280

(Area Code) (Facsimile Telephone Number)

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <input type="checkbox"/> Date of Delivery 10/25/07</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:		3. Service Type	
W. Wise, President Western Express, Inc. 7185 Centennial Pl. Nashville, TN 37209		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 0100 0006 4725 9146			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <input type="checkbox"/> Date of Delivery 10/11/07</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:		3. Service Type	
Mr. Calum MacDonald 4364 Cambridge Dr. Antioch, TN 37013		<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 0100 0006 4725 9153			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	